

CHAPTER 1

MISSION AND PHILOSOPHY OF CALIFORNIA'S MENTAL HEALTH SYSTEM

WHAT ARE THE VISION, MISSION, AND VALUES OF THE PUBLIC MENTAL HEALTH SYSTEM?

The mental health constituency envisions a society in which persons of all ages, ethnicities, and cultures who experience serious mental illness or serious emotional disturbance receive high quality, culturally and linguistically competent, and effective services from the mental health system. As a result of the services, support, and rehabilitation they receive, these persons are able to lead happy, productive, and fulfilling lives.

The mission of California's public mental health system is to enable all individuals, including adults and older adults with serious mental illnesses and their families and children with serious emotional disturbances and their families, to access services from a seamless system of care. These services will assist them, in a manner tailored to each individual, to achieve their personal goals and optimal recovery and to develop skills that support living the most constructive and satisfying lives possible in the least restrictive environment. The mental health system shall help children achieve optimal development.

The following values should guide development and implementation of the public mental health system:

1. Client-directed Approach—All services designed for adults and older adults with serious mental illnesses and their families and for children and their families should be client-directed and guided by an individual's goals, strengths, needs, concerns, motivations, and disabilities.

- ◆ Adults and older adults with serious mental illnesses:
 - Have all rights, privileges, opportunities, and responsibilities as do other members of society
 - Are the central and deciding figures in all planning for treatment and rehabilitation based on their individual needs. Planning may also include family members and

significant others as a source of information and support

- Should be fully informed, fully involved, and voluntarily agree to all treatment and rehabilitation provided. If an individual is legally found incapable of consenting to treatment, then he or she should be informed and involved to the greatest extent possible
- Should be involved at the state and county levels in policy setting, system planning, program design, and evaluation of all elements of the service system
- ◆ Children, youth, and their families:
 - Should be involved in designing their treatment plans
 - Should have treatment plans based on the strengths and resources of the child and family
 - Should have treatment plans that acknowledge the family as a resource and that empower the family system to operate effectively
 - Should be involved at the state and county levels in policy setting, system planning, program design, and evaluation of all elements of the service system
- 2. Services for Target Populations**—Adults and older adults with serious mental illnesses and children with serious emotional disturbances have severe, disabling conditions giving them a right to effective treatment and a high priority for receiving services.
- 3. Focus on Wellness and Recovery**—Mental health services should assist clients in their recovery to return to the most constructive and satisfying lifestyle of their own definition and choice. For some clients, spirituality may define well-being and should be incorporated into the recovery process.

4. **Systems of Care**—Systems of care should consist of coordinated, integrated, and effective services meeting the unique needs of children and their families and adults and older adults with serious mental illnesses. These systems of care must operate in conjunction with an interagency network of other necessary services. Clients must have available an identifiable and qualified person or team responsible for their support and treatment. Systems of care should provide treatment and rehabilitation in the most appropriate and least restrictive environment in a community of the client's choosing.
5. **Outreach**—All adults and older adults with serious mental illnesses and their families and children and their families should have access to crisis intervention on a 24-hour basis. Assertive outreach should make mental health services available to homeless and isolated individuals with serious mental illnesses.
6. **Equal Access to Mental Health Services**—Disparities in access to mental health services among ethnic groups must be eliminated. The mental health system can improve access for ethnic minority populations by enhancing the linguistic capacity of source providers, using flexible hours to accommodate clients' schedules, disseminating information about service availability, and performing active outreach to underserved communities.
7. **Multiple Disabilities**—Mental health services must address the special needs of children and youth, adults, and older adults, including persons with co-occurring psychiatric disabilities and substance abuse and persons with multiple disabilities.
8. **Qualified Staff**—Qualified individuals who are culturally and linguistically competent and trained in the client-directed approach must provide effective services based on clients' goals and deliver those services in environments conducive to helping clients achieve their goals.
9. **Involvement of Direct Consumers and Family Members in Delivering Mental Health Services**—The mental health system should maximize participation of direct consumers and family members as both paid and volunteer staff.
10. **Cultural and Linguistic Competence**—The mental health system at all levels must have the capacity to provide services that are sensitive and responsive to clients' gender, cultural and ethnic background, language, beliefs, and lifestyle.
11. **Peer Support Models**—The mental health system must promote the development and use of self-help, peer support, and peer education for all target populations, and their families. Self-help and peer support must be available in all areas of the State.
12. **System Accountability**—State and local mental health systems of care must be accountable for the quality of their mental health services. This accountability is provided when state and local mental health programs use culturally competent performance indicators to evaluate the effectiveness of their mental health services and to improve their quality.
13. **Administration**—State and local departments of mental health must manage programs in a culturally competent, efficient, timely, and cost-effective manner consistent with the vision, mission, and values of the *California Mental Health Master Plan*.
14. **Research**—The mental health system must encourage research into the nature and causes of mental illnesses along with effective prevention, intervention, and rehabilitation strategies. Research that identifies best practices and treatment should be disseminated. Research should address the effectiveness of treatment for racial, cultural, and ethnic populations. The mental health system should actively cooperate with research centers in efforts leading to improved treatment methods, service delivery, and quality of life for mental health clients of all ages. Mental health professional organizations should be encouraged to disseminate the most recent research findings on prevention, early intervention, and treatment of mental illness and serious emotional disturbances. Mental health research and evaluation should also be focused on issues critical to women and issues related to socioeconomic status, age, and sexual orientation.

- 15. Education about Mental Illness and Serious Emotional Disturbances**—Family members, care givers, and consumers should receive education and training on an ongoing basis based on numerous models that have been developed by state and national organizations. This training and education should be culturally and linguistically appropriate. Differing views of wellness and illness across cultures should be included in the training.
- 16. Anti-Stigma Campaigns**—The mental health community must work to eliminate the societal stigma associated with having mental illness or a serious emotional disturbance. State and local mental health departments, mental health organizations, and consumer and family advocates for mental health must be encouraged and assisted to inform the public about the nature of mental illness and serious emotional disturbances from their viewpoint and about the needs of consumers and families.
- 17. Advocacy Services**—To assure the rights of persons with mental illnesses and of children and their families, the mental health system must be an advocate for patients' rights. The mental health system must also assure that consumers, families of adults, older adults, and children and their families are involved in providing advocacy at all levels.
- 18. Respect and Dignity**—The social interaction between providers and clients should conform to the highest available standard of respect and dignity. A process for dialogue between clients and providers should be initiated. This process should address the moral role imbalance attendant upon the dominant social position of providers and compensate for it.
- 19. Client Culture**—Client culture must be recognized and valued. Mental health clients bring a set of values, beliefs, and lifestyles that are molded as a result of their personal experiences with mental illness, the mental health system, and their own ethnic culture. When the mental health community embraces client culture, mental health clients can be better-understood and empowered to effect positive change.
- 20. Collaboration and Partnership**—The State Department of Mental Health, the California Mental Health Planning Council (CMHPC), the mental health boards and commissions, and other mental health organizations should strive to create a partnership of cooperation and a shared vision for the mental health system.
- 21. Primary Prevention**—In order to prevent or reduce disabling conditions, the mental health system should engage in proactive strategies to address factors related to preventing mental illness and severe emotional disturbance. Poverty and lack of access to resources, for example, are significant factors related to stress and mental illness.
- 22. Early Intervention**—When the development of mentally disabling conditions is detected, early intervention services should be provided for children, youth, adults, and older adults. Intervening early in minimally intrusive ways can interrupt the otherwise downward spiraling cycle of problem development.